

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90397 018 \*\*\*150.00

**DOCUMENT # P00000113750**

1. Entity Name

ROSANA MONTEIRO P.A.



Principal Place of Business

1923 WESTPOINTE CIRCLE  
ORLANDO FL 32835

Mailing Address

1923 WESTPOINTE CIRCLE  
ORLANDO FL 32835

2. Principal Place of Business

11513 VICOLO LOOP

Suite, Apt. #, etc.

3. Mailing Address

11513 VICOLO LOOP

Suite, Apt. #, etc.

City & State

WINDERMERE FL

Zip

34786

Country

ORANGE

City & State

WINDERMERE FL

Zip

34786

Country

ORANGE

4. FEI Number

59-3690373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ROSANA M  
1923 WESTPOINTE CIRCLE  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name ROSANA MONTEIRO

Street Address (P.O. Box Number is Not Acceptable)

11513 VICOLO LOOP

City

WINDERMERE

FL

Zip Code

34786

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* ROSANA MONTEIRO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete  
NAME GARCIA, ROSANA M  
STREET ADDRESS 1923 WESTPOINTE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition  
NAME ROSANA MONTEIRO  
STREET ADDRESS 11513 VICOLO LOOP  
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* ROSANA MONTEIRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

DATE

Daytime Phone #